

May 28, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0509-01

IRO Certificate No.: I RO 5055

Dear:

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a Chiropractic doctor.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief

Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28th day of May, 2002.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0509-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Designated Doctor Evaluation report from _____.
2. Pre-authorization report from _____, dated December 27, 2001.
3. Pre-authorization report from _____, dated December 12, 2001.
4. RME report from _____.
5. Peer review from _____.
6. Daily notes from _____.
7. FCE from _____.
8. MRI report of lumbar spine, dated July 20, 2001.
9. Medical reports from _____ from September 4, 2001, to September 14, 2001.
10. Medical reports from _____ from May 9, 2001, to August 29, 2001.

B. SUMMARY OF EVENTS:

The patient was injured on ___, while lifting a computer monitor. The patient was initially seen by ___ on May 9, 2001. The patient had complaints of low back pain that radiated down his right leg. Examination findings showed his pain level to be 9 out of 10, with 10 being severe on the pain scale. Positive exam findings were positive Kemp bilaterally, positive Minor sign bilaterally, positive bilateral straight-leg raiser, positive Lasègue's bilaterally, positive Soto-Hall, and positive Under's.

The patient was seen three times a week and received treatment that included ice, EMS, traction, and spinal manipulations. The patient's pain level decreased to a 6 out of 10 pain level but had plateaued at that point. ___ stated in an office note of August 27, 2001, that the patient was not stabilizing, and he would refer the patient to ___.

On September 4, 2001, the patient was seen by ___ for an initial examination. ___ began a treatment plan that consisted of manipulation and active therapy three times a week.

An FCE was performed on October 5, 2001. Recommendations from the FCE were (1) the patient may benefit from a neurophysiological evaluation, (2) the patient may benefit from enrollment in a work hardening program, (3) establish a working knowledge of safety protocols for proper workplace ergonomics, and (4) continue emphasis on home therapeutic protocols.

On December 7, 2001, a request from ___ office for manipulation under anesthesia x 3, with post-rehab times 6 was denied due to the fact that "the patient was not a reasonable candidate; he has been able to be manipulated in office and had a work hardening program."

On December 18, 2001, a second request was received for the same procedures and was denied due to "no objective clinical basis for manipulation under anesthesia and post manipulation under anesthesia rehab."

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

First, I have not reviewed any medical reports in which ___ has stated his medical rationale for performing the manipulation under anesthesia on this patient in lieu of manipulation in his office. Second, the patient, while he was being treated by ___, seemed to be improving with active therapy and home exercises. I reference ___ treatment notes of September 5, September 10, and September 14, 2001, which showed the patient to have decreased pain under subjective, along with patient improving, increased range of motion, and patient response to treatment under assessment. Lastly, when spinal manipulations in office were performed on the patient by ___, the patient seemed to be responding with a drop in pain level from 9 to 6, on a scale of 1 to 10, but it seemed as though he began to plateau at a certain point, right around the time he began his work conditioning/work hardening program.

To conclude, I do not feel that the manipulation under anesthesia x 3 or post rehab is medically necessary due to the lack of objective clinical findings and due to the fact that spinal manipulations were carried out in office with good results according to the pain scale level.

D. ADDITIONAL COMMENTS:

None.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service,

reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 28 May 2002